

COVID + AND PUI EDUCATION
ALL CONTENT IS SUBJECT TO CHANGE!!!!!!!!!!!!!!

All PATIENTS.....NOT JUST COVID+/PUI

- ✓ Pt is stopped in WCC Lobby to be screened and to have temp taken
 - ✓ Every patient and her Support Person will wear a mask the entire time they are here, even in pt room
 - Doulas are allowed only if that is her Support Person
 - ✓ RNs and Doctors to wear PAPR/N-95 during 2nd stage of labor
 - See the Don and Doff fliers on the carts in Module C for further info
 - Must wear N-95 and/or PAPR for one hour after delivery. If possible, L&D nurse should remain at bedside for this hour and may need to assist in obtaining infant vital signs
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Admission & Care of a COVID+/PUI Patient

- ✓ The algorithm will follow where the charge nurse is called for a + screen
 - Patient to WIC, charge nurse will repeat travel questions
 - Transfer to negative airflow room (329, 330) for Airborne/Contact Isolation
 - Confirm L&D bed is in room and place egg crate for comfort
 - Pt will Labor, Deliver, Recover (vaginal or cesarean) and stay PP in same room
 - Charge nurse delegates/calls facilities to check negative airflow room before/while bringing patient to rm
 - Charge nurse to call Command Center: 76697 (Spells SNOWS)
- ✓ COVID-19 Binder is Updated with specific WIC info to use as a resource
 - Place on door or on clipboard: L&D Checklist, PAPR Steps & PAPR Tip Sheet, N-95 Wear It Right, Sign In & Out Sheet=Healthcare Personnel Log, Isolation sign, All Visitors To Check at Nurses Station Sign
- ✓ Support Person will remain in the patient room with meals and belongings brought to them if needed
 - Needs to wear standard mask (no longer N-95), gown, gloves and goggles at all times
 - Support person to remain in room for LEA, will sit in a chair in front of the laboring woman
- ✓ Clean equipment with purple top or gray top wipes
- ✓ Wear PAPR in patient room—hospital is encouraging physicians to wear PAPR rather than N-95 mask when at bedside so as to preserve the supply
- ✓ Typically, residents will not care for COVID + or PUI patients
 - Resident will remain in alcove room in PAPR during delivery in event of emergency
 - Baby will be transferred via isolette to NICU
- ✓ If a cord prolapse occurs in 329/330, than the person wearing a PAPR would stay on the bed lifting pressure off of cord. If possible, move patient to a clean stretcher before going to OR. Person holding the pressure off cord would remain in PAPR in the OR, unless someone wearing a N-95 can switch out. Dr to consider antibiotics PP

Postpartum

- ✓ Baby is considered a PUI at the time of birth will be transferred in an isolette to NICU
 - If Dad/Support Person exposed to COVID + or PUI patient, then they are not able to care for baby
 - Baby needs COVID testing immediately after birth
- ✓ Breastfeeding/pumping considerations
 - Discuss importance of hand and breast hygiene and wearing of mask prior to any milk collection
 - Express the milk to maintain milk supply
 - Provided a dedicated breast pump and disinfect entire pump after each pumping session and thoroughly wash the pump parts
 - *Discuss milk collection transfer and storage plan(awaiting policy)*
- ✓ *Discharge steps in process...more to come*

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Preparation for Cesarean Section

- ✓ Notify Infection Prevention and Command Center
 - Obtain a verbal consent unless otherwise directed by the Command Center
 - **SURGICAL PREPAREDNESS IS KEY. NO CESAREAN SECTION EMERGENCIES ARE ALLOWED!!**
 - Healthcare workers are the most valuable resources in this pandemic and must be donned correctly and completely before a c/s case can begin
- ✓ Will go to OR 1 or CVOR 2
 - OR room to be opened by Pager Person; Charge Nurse to delegate a nurse to confirm all supplies present including Hemobate & Methergine

Operating Room Work-Flow Process

- ✓ **Primary Team** to don in the scrub sink area while **Secondary Team** brings patient to OR
- ✓ FHT's are NOT to be monitored during or after spinal
- ✓ Patient is to continue to wear mask unless intubated
 - **BEFORE INTUBATION:** Abdomen will be splashed with Betadine and then friction will occur over incision site with a blue towel or scrub the incision site with Betadine paint sticks followed by drape
 - If intubating, only 2 anesthesia colleagues in OR while other colleagues at the scrub sink
 - Anesthesia will need a '1000 drape' during intubation
- ✓ Once all team members and patient are in room, OR door must be taped shut and wet blankets must be placed at the bottom of the door
 - Tech will be the runner that is *outside of the room*
 - Tech will be donned in isolation gown, N-95 mask with surgical mask over it, gloves, goggles, hat
- ✓ Decrease use of cautery and suction smoke immediately if used
- ✓ NICU will follow their Infant Work-Flow Process
 - Baby will be transferred via isolette to NICU
 - Isolette will be brought into Warm Zone of room, cleaned, moved directly outside by scrub sink otherwise known as the 'Cold Zone' and re-cleaned again prior to going to NICU

Primary Team

- ✓ Primary Team are those inside of OR during Cesarean Section
 - **Anesthesia** 2 total, CRNA &/or another CRNA or Anesthesiologist
 - **OB Physicians** 2 total, Attending and most Senior Resident
 - **Nurses** 2 total, Circulator and Charge or Another Nurse
 - **Scrub Tech/RN** 1 total
 - **NICU** 2 total, unless case warrants another person to be present and/or for a twin delivery
- ✓ Primary Team colleagues see flier for donning and doffing

Secondary Team

- ✓ **There are FOUR STEPS for the Secondary Team** (see flier for donning and doffing)
 - Preparation for Transport from 329/330 to OR
 - Transport from 329/330 to OR
 - Preparation for Transport from OR to 329/330
 - Transport from OR to 329/330

Cleaning OR 2

- ✓ OR is to remain empty, closed. Tape is placed on door frame on outside of room and wet blankets placed on floor outside of room for 31 minutes before cleaning can be done.